

## ADMINISTRATIVE GUIDE



Get the freedom of choice with your health insurance



New York's Health Insurance Exchange

The LIA Health Alliance is available in New York City,  
Long Island, Westchester and Rockland

Visit [liahealthalliance.com](http://liahealthalliance.com) for more information

**W**elcome to the LIA Health Alliance! The Alliance is a market driven health insurance exchange that brings **employee choice** to small businesses. The Alliance provides more choices than any single insurer! Employee choice gives your employees the ability to select the health insurer and the benefit plan that meets their personal needs.

This booklet reviews the administrative policies and procedures of the LIA Health Alliance. Please review the information in this guide.

Enrollment is easy! Employees complete one simple enrollment form and the employer gets one simple bill. If you have questions on the enrollment process, please contact your **Broker** or call the LIA Health Alliance at 1-800-LIA-5513.

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**New York's Health Insurance Exchange**

**Visit us at [www.liahealthalliance.com](http://www.liahealthalliance.com)**

**This booklet has been designed to be an informative and easy-to-use reference guide. The information in this booklet is subject to change without notice. The health, dental and supplemental insurance is being provided by each participating insurer and not by the LIA Health Alliance.**

## Eligibility Requirements

An **Eligible Employer** is defined as an employer with 2–50 employees on the payroll register. The employer must be able to provide complete and accurate tax documentation (such as a signed NYS-45, or a K-1 with a signed 1065 or 1120). An employer exceeding 50 employees at the time of annual open enrollment will be able to continue coverage.

An **Eligible Employee** is defined as an employee who works more than 20 hours for an eligible employer on a regularly scheduled work week. Workers designated by 1099 forms are **NOT** considered to be eligible employees.

Eligible employees who elect not to participate during the initial enrollment period are not eligible for coverage until renewal (the annual open enrollment period). An employee experiencing a Significant Life Status Change will be able to enroll during the year, but must complete an Enrollment/Change Form and send it to the Alliance Processing Center. **The Enrollment Form must be received within 30 days of the qualifying event.**

When a newly hired employee decides to enroll for the first time, the employee’s enrollment form must be completed, signed and sent to the Alliance’s Enrollment Processing Center. The new employee must follow the company’s enrollment waiting period defined in the Employer Agreement.

An **Eligible Dependent** is defined as an eligible employee’s spouse and unmarried child (includes natural, adopted, and stepchildren).

A child is considered adopted when the eligible employee receives physical custody of the child. A stepchild attains the status of “dependent” upon the eligible employee’s marriage to the natural or adopted stepchild’s parent. A child may also be considered eligible, if in the full-time care of a “legal guardian” and legal documentation on the guardianship can be provided.

**New York’s Health  
Insurance Exchange**

A child ceases to be a “dependent” upon marriage, or upon becoming age 19, whichever comes first. Coverage terminates at the end of the month in which the child reaches age 19. An unmarried child incapable of self-support because of a physical or mental disability, which existed continuously from a date prior to becoming age 19, continues dependent status until termination of such incapacity. **An unmarried child registered as a full-time student at an accredited school, college, or university can continue dependent status until age 25 on many of the benefit plans offered.**

**Documentation** is required for dependent eligibility in certain cases. If the child is a full-time student over the age of 19, the employee must annually provide documentation validating current school registration. If the child is disabled, the employee must submit a letter from a physician or documentation from the State of New York. If the child is in the care of a legal guardian, the employee must provide legal proof of guardianship from a court of law. This documentation must be provided with enrollment. The employee may be required to provide additional information by the selected insurer.

**AGE 29** - Once a child reaches the maximum age of dependency, they may be eligible for the “Young Adult Option” and may be covered up to age 29. To be eligible for coverage, the young adult must be unmarried, live or work in New York State, and must not be eligible for health insurance through their own employer or be covered by Medicare. The young adult or parent would be responsible for a separate premium in addition to what the parent pays for coverage.

## Enrollment

It is important to complete all forms and provide the necessary documentation when submitting enrollment information. Remember to sign each employee’s Enrollment/ Change Form. The Employer Agreement must also be completed and signed.

**Any omissions, misrepresentations and misstatements about company information or employment data could result in termination of the group insurance and denial of claims.**

# Policies and Procedures

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Insurer directories provide the employee with provider information on their healthcare delivery system. It also assists the employee in selecting a Primary Care Physician (PCP). The PCP ID# (if available) is required on the Enrollment/Change Form for HMO and POS benefit plans. PCP numbers can be found in each insurer's Provider Directory. Use insurer links on [liahealthalliance.com](http://liahealthalliance.com) to access provider information on hospitals and doctors.

## Rates

There are **two, three and four** tier rates available:

- Two tier rates are defined as employee only and family.
- Three tier rates are defined as employee only, employee plus one and family.
- Four tier rates are defined as employee only, employee + spouse, employee + child(ren) and family.

**The employer determines whether the company rate structure is two, three or four tier.** *Your company can select a different rate tier for each insurer.* That selection is made on the Employer Agreement. After that selection is made, the rate tier selection can only be changed at renewal.

## Out of State Employees

The Alliance will cover out-of-state employees with out-of-network POS & PPO benefit plans. . . as long as 80% of the employees work in the NYS downstate area. Out-of-state employees must select an Alliance insurer that has a network of providers in their home location.

## Effective Dates

Effective dates are determined by the activities that initiate the enrollment process. These events include:

- ✓ the initial employer enrollment.
- ✓ when enrollment changes are made by the employee at renewal (open enrollment). Open enrollment occurs 12 months after the initial enrollment date.

- ✓ when a newly hired employee is enrolling for the first time... the effective date begins on the first day of the month after the waiting period expires.
- ✓ when an employee experiences a Significant Life Status Change.

### ***Initial Employer Enrollment, Open Enrollment***

***Periods and Newly Hired Employee:*** All enrollment information must be received at the Alliance Enrollment Processing Center on or before the last business day of the current month for coverage to begin on the first day of the next month.

*Any enrollment information received after the last business day of the current month results in the coverage beginning in the month following that next month.*

***Significant Life Status Change:*** An employee experiencing a Significant Life Status Change will be able to change their dependent coverage within the tier level that was selected by the employer. ***These dependent changes can be made only with the benefit plan and the insurer previously selected by the employee.*** A change of insurer and benefit plan is only allowed at renewal. The effective coverage date for a Significant Life Status Change is the date of the qualifying event.

Significant Life Status Changes include the following:

- ✓ Birth of a new dependent.
- ✓ Adoption of a new dependent.
- ✓ Legal guardian of a new dependent.
- ✓ Pre-adoptive dependent during trial period.
- ✓ Death of a dependent.
- ✓ Involuntary loss of other health insurance.
- ✓ Marriage, divorce, or legal separation of employee.

***NOTE: All Significant Life Status Change must be detailed on an enrollment form and must have appropriate documentation. The enrollment form must be received at the Alliance Enrollment Processing Center within 30 days of the qualifying event.***

After the enrollment information is received, it is processed and transmitted directly to the selected insurers. The health insurers send out identification cards and subscriber agreements to the employees and monitor dependent eligibility on a continuing basis.

- ✓ The employer does not provide the necessary tax documentation or
- ✓ The health issuer exits the marketplace.

## Cancellation of Employee Coverage

If an employee wishes to cancel coverage, please complete an Enrollment/Change Form and forward it to the Alliance Enrollment Processing Center within 30 days of the employee's termination date; the employer and the employee must sign the form. Once an employee cancels coverage, they can only re-enroll during the next renewal... unless the employee experiences a Significant Life Status Change. *Please note employee terminations on the bill.*

**The Health Insurance Portability and Accountability Act (HIPAA)** requires that all health insurers provide certificates of creditable coverage as proof of previous health care coverage when coverage is terminated under a health plan. All employees and their dependents must be provided with this proof of coverage from the previous insurer. Employees should be notified of the above.

Employees who lose their health insurance and wish to participate in the LIA Health Alliance must provide a HIPAA Certificate, or a letter from the former insurer validating coverage, when submitting their enrollment form.

## Group Cancellations

Please send a letter requesting group cancellation to the Alliance's Enrollment Processing Center 30 days prior to the desired termination date.

**Participating insurers in the LIA Health Alliance are required to renew health care coverage and continue such coverage in force at the option of the small employer except in the following circumstances:**

- ✓ Nonpayment of premiums;
- ✓ Fraud or intentional misrepresentation of a material fact;

## Pre-Existing Conditions

Health insurers can exclude coverage for up to twelve months for conditions (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the six month period prior to the enrollment date.

**The twelve month exclusion period may be reduced provided that not more than 63 days have elapsed between the date the person's preceding health care coverage terminated and the enrollment date of the new coverage.**

Coverage will be credited:

- (a) for the length of time that the person was previously covered under previous creditable health care coverage; or
- (b) by any affiliation (waiting) period prior to previous health insurance coverage.

Creditable coverage includes: a group health plan; health insurance coverage; Part A or B of Medicare; Medicaid; military sponsored health plan; Federal Employees Health Benefit Plan (FEHBP) and a public health plan.

The pre-existing condition exclusion does not apply to:

- (a) genetic information unless a condition related to that information is diagnosed;
- (b) pregnancy;
- (c) newborns who became covered within 30 days of the date of birth; or
- (d) child, who is adopted or placed for adoption before attaining eighteen years of age, became covered within 30 days of the date of the adoption or placement for adoption.

**The LIA Health Alliance  
is New York's ultimate  
health insurance marketplace.**

# Policies and Procedures

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## Billing of Monthly Premiums

Monthly bills will be mailed directly to the employer on or about the 15th day of the current month **with payment due the first day of the following month.** Each bill lists enrollees, premiums due, and any outstanding balances. If the bill is incorrect, please contact the Alliance Enrollment Processing Center at **1-800-LIA-5513** immediately. Employee updates will be reflected in the next month's bill.

## New Employee Premium Payment

Up-front payments are not required with new employee enrollment, but charges will appear on the first bill following the new enrollment.

## Payment Methods

Employers can pay their health insurance bills . . . using one of two methodologies:

- ✓ **Electronic Debiting:** On the last business day of the month, the Alliance Enrollment Processing Center will transmit an electronic debit request to the bank designated by the employer for the monthly premium payment. The funds are then electronically transferred and the debit will appear on your bank statement.
- ✓ **Direct Payment:** *The monthly premium must be paid by business check or money order and returned in the pre-addressed envelope with the payment stub.*

## Annual Billing Fee

**The annual billing fee is \$105.00** and it is due at the time of initial enrollment; this fee should be paid with a separate check along with the first month's premium payment. This billing fee is also billed at renewal.

## Late Letters and Termination

**It is important to note that your monthly premium must be paid by the first day of each month. Failure to pay your monthly bill on the due date risks the loss of health insurance coverage for you and your employees.** If the Alliance Enrollment Processing Center does not receive your monthly payment by the due date, a late letter will be sent to employers. Late letters will be generated for one of three reasons:

- ✓ **Nonpayment:** Payment has not been received.
- ✓ **Insufficient Funds:** This situation occurs when there are insufficient funds to cover the electronic debiting or the business check submitted. To resolve the above, the employer must submit a *certified* check or money order with sufficient funds to pay the billed month's premium by the end of that month. ***A \$50.00 penalty fee will be charged to employers who do not have sufficient funds in their account to cover the check payment or the electronic debit.***
- ✓ **Partial Payment:** Partial payments are considered nonpayments. Partial payments are not possible with electronic debiting. The partial payment check is: (1) held until additional payments are received or (2) returned if additional payments are not received.

**Termination:** If the full premium payment is not received, the employer will be notified by letter that the group health care coverage is terminated and be advised that any health care claims incurred after the termination date will be the employer's responsibility. The termination date will be the last day of the month in which total premium was paid.

## Reinstatement

If an **employer** is terminated due to nonpayment, the employer will only be able to re-enroll 12 months after the date of termination.

If an **employee** drops coverage and wants to be reinstated, the employee will only be able to re-enroll at the next renewal period for your company... unless the employee experiences a Significant Life Status Change.

## Alliance Customer Service Line

The LIA Health Alliance provides a toll-free customer service line to assist employers with questions on: the enrollment process, the billing process and the payment process. ***This line is available to employers and their Brokers.*** The toll-free number is **1-800-LIA-5513** and is available from 9:00 a.m. to 5:00 p.m.

## COBRA

If an employee loses coverage due to a reduction in work hours, termination of employment (except gross misconduct), disability, death, legal separation or divorce, Medicare entitlement or change in dependent eligibility, the employee may be eligible to continue coverage through COBRA (Consolidated Omnibus Budget Reconciliation Act). To be eligible, the employee must be enrolled under his/her employer's group health plan at the time of the qualifying event. Continued coverage is available for a maximum of 36 months.

### When an employee becomes eligible for COBRA the employer should:

- Notify the employee of COBRA rights and obligations within 15 days of the qualifying event. This notification is best done in written form.
- Terminate the employee coverage from the group health insurance plan by completing an Enrollment/Change Form and send it to the Alliance Enrollment Processing Center; the form must be signed by the employee and the employer.

- Explain to the employee that there is 60 days from the qualifying event to elect COBRA coverage. COBRA coverage will always begin the first day of the month following the qualifying event.

The Alliance provides direct COBRA billing to eligible participants; they will be directly billed at the group premium rate plus 2% for administration expenses. Direct pay conversion may be available from each insurer.

**Employers are responsible for notifying COBRA participants that their coverage is terminated, if and when the company's health insurance plan is terminated.**

**ARRA - COBRA** - As of October 2009, under ARRA (American Recovery and Reinvestment Act of 2009), certain individuals who lose their jobs through December 31, 2009 may qualify for a subsidy equal to 65% of the cost paid for continuation coverage for a period of up to 9 months. Please refer to our website for up-to-date information.

**Employers are encouraged to obtain a more detailed understanding of their legal obligations associated with COBRA administration. Employers should consult with their legal counsel.**

## Claims

**The LIA Health Alliance does not process claims.** The claims payment function is performed exclusively by the participating insurers and they should be contacted directly to resolve any questions on claims.

## Grievances

Grievances must be filed directly with the participating insurers. The participating insurers follow state-regulated grievance procedures governing the dispute resolution process for customer complaints.

# Renewal Process

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## RENEWAL PROCESS

This is the annual open enrollment period for your company. Your employees may stay with their current selections or change their insurer, benefit plan or dependent coverage. If an employee decides to make a change, the employee must complete a new Enrollment/Change Form and give that form to you for your signature.

*The renewal time period is also an enrollment opportunity for those employees who did not participate during the initial enrollment of the company or the previous renewal.*

The Alliance Enrollment Processing Center will send you new enrollment materials approximately 45 days before your company's renewal date. These enrollment materials will include information on the participating insurers, the benefit plans and the rates for the new year. You will also be sent a report listing enrolled employees with the selected insurer, the selected benefit plan, the current monthly premium and the renewal premium.

Please ask your employees to review the new insurer rate sheets, the Traditional & Consumer Product Information sheets and the insurer benefit plan summaries and the provider information on the Alliance website ([www.liahealthalliance.com](http://www.liahealthalliance.com)) before they make their renewal selections.

Please ask your employees to validate their PCP selections by contacting their selected insurer. The telephone numbers are detailed on their health insurance ID cards.

Your renewal package includes all the necessary forms to renew your health insurance. Please complete the pink colored Employer Renewal Agreement. During renewal, you have the opportunity to change the company's rate tier level for each insurer or the company's waiting period on the Employer Renewal Agreement. These changes can only be made at renewal.

**Remember, your company can select a different rate tier for each insurer!**

If only three employees are enrolling in the Alliance, the following additional tax documentation (such as a signed NYS-45 or a K-1 with a signed 1065 or 1120) is required. Please send all the renewal information to the following address:

<p><b>LIA Health Alliance</b> Enrollment Processing Center 48 South Service Road Suite 301 Melville, NY 11747</p>
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**If you have any questions,  
please call your broker or call the Alliance at  
1-800-LIA-5513.**

<p><b>The LIA Health Alliance is New York's Health Insurance Exchange. Get the freedom of choice with your health insurance.</b></p>
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# COMPREHENSIVE DAVIS VISION DISCOUNT PLAN

## LIA HEALTH ALLIANCE

### Introduction

As an LIA Health Alliance member of the Long Island Association, you and your covered family members now have access to a comprehensive Davis Vision discount program. This plan offers great discounts on routine eye care services, frames, spectacle lenses and contact lenses.

### Where are Davis Vision Providers Located?

Davis Vision has the largest vision network in the Northeast, approximately 1,200 participating providers throughout Long Island, New York City, Northern Suburbs, New Jersey and Connecticut. Providers are conveniently located near your home or office. To locate the nearest providers in your area, please visit us at [davisvision.com](http://davisvision.com) or call us at 1.800.783.3594.

### What does the plan cover?

The plan offers fixed discounted charges for:

**Eye Examination:** including dilation, as professionally indicated

**Frames:** featuring the exclusive Collection, which represents over 220 frames to choose from, as illustrated below

Davis Vision Exclusive Collection (Frames)*		
LEVEL	TAG	# OF FRAMES
Designer	Red	95
Fashion	Yellow	78
Premier	Blue	49
TOTAL		222

\*Representing over 400 varying styles and colors

**Spectacle Lenses:** including all standard lenses – single vision, bifocal or trifocal – in any prescription, with glass or plastic lenses available. Standard, oversized lenses and tinting are also included.

**Contact Lenses:** access to Lens 1-2-3!®, a mail order replacement contact lens service providing members with a fast and convenient way to purchase contact lenses at significant savings.

### See how much you'll save...

Here are some examples of popular eyeglass frame styles and lens types available through the program:

Service   Eyewear	Average Retail Price	LIA Member Discount Price	Average Savings
Eye Examination <sup>1</sup> inclusive of dilation	\$65.00	\$45.00	31%
Andover Frame <sup>2</sup> with single vision lenses	\$264.95	\$89.00	66%
Harley Davidson 255 Frame <sup>3</sup> with bifocal lenses	\$304.95	\$109.00	64%
Perry Ellis 233 Frame <sup>4</sup> with trifocal lenses	\$359.95	\$150.00	58%

<sup>1</sup>In New York | <sup>2</sup>Yellow Tag | <sup>3</sup>Red Tag | <sup>4</sup>Blue Tag

### How does the plan work?

There are two levels of benefits available: Basic and Optional. The following Basic Benefits are available at the fixed discounted prices listed below. The Basic Benefits (that you select) must be prepaid over the phone before visiting a Davis Vision participating provider location.

Basic Benefits	LIA Member Price
Eye Examination (CT, NJ, NY)	\$45.00
Fashion or Designer Frames	
Frame Only	\$51.00
Frame and Single Vision Lenses	\$89.00
Frame and Bifocal Lenses	\$109.00
Frame and Trifocal Lenses	\$125.00
Lens Options	
Single Vision Lenses Only	\$49.00
Bifocal Lenses Only	\$66.00
Trifocal or Lenticular Lenses Only	\$80.00

### Optional Benefits

After you prepay for your Basic Benefit, the following Optional Benefits are available at the fixed discounted prices listed below. Optional Benefits are paid for at the Davis Vision participating provider location that you select.

Options	Average Retail Price	LIA Member Price
Blue Tag/Premier Frame	Up to \$225	\$25
Progressive Addition Lenses		
Standard	\$150-\$200	\$50
Premium	\$200-\$300	\$90
Photochromic Lenses	\$30-\$60	\$20
Anti-Reflective Coating		
Standard	\$50-\$65	\$35
Premium	\$65-\$80	\$48
Hi-Index Lenses	\$100-\$150	\$55
Polarized Lenses	\$95	\$75
Polycarbonate Lenses*	\$60 - \$765	\$30
Plastic Photosensitive Lenses	\$100-\$150	\$65
Blended Segment Lenses	\$50	\$20
Ultraviolet Coating	\$30	\$12
Scratch Resistant Coating	\$30-\$60	\$20
Intermediate Vision Lenses	\$150-\$175	\$30

\*Available at no charge for dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

Please refer to the Davis Vision Brochure for Frequently Asked Questions

# Questions and Answers

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## What is the LIA Health Alliance?

The LIA Health Alliance is New York's Health Insurance Exchange; It is a market driven health insurance product that brings Employee Choice to small businesses.

## What is the advantage of getting health insurance through the LIA Health Alliance?

*The Alliance provides more choices than any single insurer:*

- ✓ a full menu of **HMO, POS, EPO, PPO, HSA and HRA** benefit plans.
- ✓ two, three and four tier rates.
- ✓ **the most extensive choices of doctors and hospitals in New York City, Long Island, Westchester and Rockland.**
- ✓ direct COBRA billing.
- ✓ ARRA COBRA billing.
- ✓ age 29 billing.

## What is an HMO?

A Health Maintenance Organization (HMO) is a benefit plan that has one benefit level: in-network; it allows enrolled members, who live in a defined service area, to use participating HMO providers in order to receive benefits. HMO members must have all care authorized by their Primary Care Physician (PCP). There are minimal copayments, but no deductibles and virtually no claim forms. There aren't any out-of-network benefits.

## What is a POS?

A Point-of-Service (POS) is a benefit plan that has two benefit levels: in-network and out-of-network. In-network benefits provide the maximum benefit to members and provide the same cost and quality controls of the HMO product with minimal co-payments. **To maximize in-network benefits, members are required to select a PCP from the insurer's directory of participating providers;** the member's PCP will coordinate all of the members' health care needs. Members can choose, at the time services are needed, to seek care from an in-network provider and receive the highest benefit level possible or go out-of-network and receive benefits that are subject to deductibles and coinsurance

## What is an EPO?

An Exclusive Provider Organization (EPO) is a benefit plan that has one benefit level: in-network. In-network benefits provide maximum benefit to members with minimal co-payments. Referrals are not required to access in-network benefits. Members must select in-network providers to seek care for needed services. There aren't any out-of-network benefits.

## What is a PPO?

A Preferred Provider Organization (PPO) is a benefit plan that has two benefit levels: in-network and out-of-network. In-network benefits provide the maximum benefit to members with minimal copayments. Referrals are not required to access in-network benefits. To maximize in-network benefits, members must select in-network providers to seek care for needed services. Members can choose, at the time services are needed, to seek care from an out-of-network provider and receive benefits that are subject to deductibles and co-insurance.

## What are cost sharing benefit plans?

A cost sharing benefit plan is an EPO or PPO with deductibles on hospital based services.

## What is Colonial Supplemental Insurance?

It is a medical bridge insurance program that covers deductibles for hospital based services.

*The Alliance is New York's Health Insurance Exchange that offers small businesses more choices than any single insurer!*

*The Alliance is the ultimate health insurance market place.*

## How much must the employer contribute toward the purchase of health insurance?

An employer contribution program allows you to fix your company's insurance costs. You can select a fixed dollar amount, a percentage of total premium or a specific benefit plan premium or whatever financial formula is best for your company.

When you decide what the employer contribution will be, you should explain that to your employees and also explain exactly what their financial contribution will be. This financial information is an important decision factor in the employee selection process.

## What other information must I tell my employees?

It is important that you inform each eligible employee that they can make insurer selections and benefit plan selections that meet their personal needs. Distribute the Employee Selection Guides, the insurer rate sheets and an enrollment form to each one of your employees. *You should also tell each employee to visit the Alliance website ([www.liahealthalliance.com](http://www.liahealthalliance.com)) for insurer benefit summaries and insurer provider information.*

## What is the advantage of using Electronic Debiting?

Electronic debiting brings electronic funds transfer technology to the health insurance bill payment process. Electronic debiting is the simplest and most worry-free way to pay your monthly health insurance bills. On or about the 15th day of each month, you will receive an itemized bill from the Alliance's Enrollment Processing Center. The bill details the premium dollars that are due the first day of the following month. On the last business day of the month, a debit request will be sent to the bank you have designated and the payment due will be electronically transferred to the Alliance. You won't have to worry about making late payments.

## What is the advantage of offering a Section 125 Premium Only Plan?

- A simple Section 125 Premium Only Plan (POP) will save employers and employees tax dollars that will help minimize the effective cost of health and dental insurance.
- The Premium Only Plan (POP) saves the employer the FICA contribution (7.65%) on every dollar that the employees contribute towards payment of health and dental insurance premiums.
- The Premium Only Plan (POP) allows employees to save on Federal, State and FICA taxes on the portion of health and dental insurance premium that they pay for.

## What if I have questions about the LIA Health Alliance or the enrollment process?

Questions about the Alliance, the enrollment process or billing can be answered by contacting the Alliance Enrollment Processing Center at **1-800-LIA-5513**. This line is available between 9:00 a.m. and 5:00 p.m. *for employers and brokers.*

*Employees with questions on benefit plans or PCP selections should contact their selected insurer with the telephone numbers listed on their insurer ID card. Insurer telephone numbers are also listed in the Employee Selection Guide.*

## What is HIPAA?

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) was signed into law.

The objective of the legislation is to:

- Assure the portability of health insurance.
- Reduce healthcare fraud.
- Guarantee the privacy and security of health information.
- Implement standards for health information transactions.

# Website Information

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Visit [www://liahealthalliance.com](http://www.liahealthalliance.com) for the following information:

- Benefit Plan Summaries.
- Rates for present and previous four quarters (to be used when adding employees).
- Employee Contribution Worksheet.
- Enrollment/Change Form.
- Employer Agreement. (New & Renewal).
- Traditional & Consumer Product Information.
- Portals: Sole Proprietors, Small Businesses.
- Insurer Drug Formularies.
- Insurer Provider Information.
- Insurer Claim forms, telephone numbers and addresses.
- **Links to:**
  - ✓ The Agency for Healthcare Research and Quality (AHRQ).
  - ✓ NYS Department of Health:
    - NYS Physician Profiles.
    - NYS Hospital Report Card.
  - ✓ Davis Vision.
  - ✓ Dental Insurance: Emblem, Healthplex and United Concordia.
  - ✓ Long Island Association.